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P.O. BOX 506, Merrifield, VA 22116, U.S.A.

Voice Mail: 302-729-1562

FAX: 806-498-6673

e-mail: [winstonhsu@naipo.com](mailto:winstonhsu@naipo.com)

Customer No.: 27765

**Fax To: Richard H. Kim  
Art Unit: 2871**

**Tel.: (571) 272-2294  
Fax: (571) 273-8300**

**From: Winston Hsu, Registration No. 41,526**

**Serial No.: 10/604,717**

**Attorney Docket No.: ADTP0051USA**

**Subject: Response to the Office Action mailed on 10/05/2005**

**Total Pages: 12 pages (including cover page)**

**Winston Hsu 01/19/2006**

**ADTP0051USA0\_A2\_4**

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PTO/SB/21 (09-04);

Approved for use through 07/31/2006. OMB 0651-0031

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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/604,717	
	Filing Date	08/13/2003	
	First Named Inventor	Han-Chou Liu	
	Art Unit	2871	
	Examiner Name	Richard H. Kim	
Total Number of Pages in This Submission	11	Attorney Docket Number	ADTP0051USA

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	North America Intellectual Property Corporation		
Signature	<i>Winston Hsu</i>		
Printed name	Winston Hsu		
Date	1/19/2006	Reg. No.	41,526

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	<i>Janice Chen</i>		
Typed or printed name	Janice Chen	Date	1/19/2006

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**0.00****Complete If Known**

Application Number	10/604,717
Filing Date	08/13/2003
First Named Inventor	Han-Chou Liu
Examiner Name	Richard H. Kim
Art Unit	2871
Attorney Docket No.	ADTP0051USA

**METHOD OF PAYMENT** (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: **50-3105** Deposit Account Name: **North America Intellectual Property Corporation**

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
		Small Entity Fee (\$)		Small Entity Fee (\$)		Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 20 or HP =	x	=	
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HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 3 or HP =	x	=	
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HP = highest number of independent claims paid for, if greater than 3.

**Multiple Dependent Claims**

Fee (\$)	Fee Paid (\$)
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**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 43(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

**Fees Paid (\$)****SUBMITTED BY**

Signature	<i>Winston Hsu</i>	Registration No. (Attorney/Agent)	41,526	Telephone	3027291562
Name (Print/Type)	Winston Hsu	Date	1/19/2006		

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